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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/924,600
		Filing Date	August 8, 2001
		Inventor(s)	Shek Fai Lau et al.
		Group Art Unit	1724
		Examiner Name	Richard L. Chiesa
Total Number of Pages in This Submission (Excluding References)	31	Attorney Docket Number	SHPR-01041US5

ENCLOSURES (check all that apply)

<input type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Drawings	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Fee Transmittal with Deposit Account Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input checked="" type="checkbox"/> Copy of IDS and Postcard dated October 8, 2002
<input type="checkbox"/> Check for \$180.00	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Itemized Postcard
<input checked="" type="checkbox"/> Third Supplemental Information Disclosure Statement, PTO-1449, 31 References	<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Request for RCE	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Declaration	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Application Data Sheet	Remarks:	

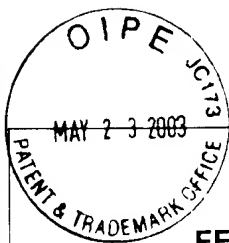
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Fliesler Dubb Meyer & Lovejoy LLP Jeffrey R. Kurin, Reg. No. 41,132		
Signature			
Date	May 21, 2003		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: May 21, 2003			
Typed or printed name	Jeffrey R. Kurin		
Signature		Date	May 21, 2003

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2003

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 180.00)**

Complete if Known

Application Number **09/924,600**
Filing Date **August 8, 2001**
Inventor **Shek Fai Lau et al.**
Group Art Unit **1724**
Examiner Name **Richard L. Chiesa**
Attorney Docket Number **SHPR-01041US5**

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.¹
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: **06-1325**
Deposit Account Name: **Fliesler Dubb Meyer & Lovejoy**

- 2. ☒ Payment Enclosed:**
[X] Check [] Other

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$750	2001/\$375	Utility Filing	<input type="text"/>
1002/\$330	2002/\$165	Design Filing	<input type="text"/>
1004/\$750	2004/\$375	Reissue	<input type="text"/>
1005/\$160	2005/\$80	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$ 0)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$84	2201/\$42	Independent claims in excess of 3
1203/\$280	2203/\$140	Multiple dependent claim
1204/\$84	2204/\$42	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
1812/\$2,520	1812/\$2,520	For filing a request for reexamination	<input type="text"/>
1251/\$110	2251/\$55	Extension for response within first month [†]	<input type="text"/>
1252/\$410	2252/\$205	Extension for response within second month [†]	<input type="text"/>
1253/\$930	2253/\$465	Extension for response within third month [†]	<input type="text"/>
1254/\$1,450	2254/\$725	Extension for response within fourth month [†]	<input type="text"/>
1255/\$1,970	2255/\$985	Extension for response within fifth month [†]	<input type="text"/>
1401/\$320	2401/\$160	Notice of Appeal	<input type="text"/>
1453/\$1,300	2453/\$650	Petition to revive unintentionally abandoned application	<input type="text"/>
1501/\$1,300	2501/\$650	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$470	2502/\$235	Design Issue Fee	<input type="text"/>
1460/\$130	1460/\$130	Petitions to the Commissioner	<input type="text"/>
1807/\$50	1807/\$50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	180
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$750	2809/\$375	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$750	2801/\$375	Request for Continued Examination (RCE)	<input type="text"/>

Other fee (specify):

Other fee (specify):

SUBTOTAL (3) (\$ 180)

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due	
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**					
TOTAL	38	minus* 20 or 51	=	0	x		=	0	
INDEP	9	minus* 3 or 12	=	0	x		=	0	
[] First presentation of multiple dependent claim									

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$ 0)

SUBMITTED BY

Typed or Printed Name **Jeffrey R. Kurin**

Signature

Jeffrey R. Kurin

Complete (if applicable)

Reg. Number **41,132**

Date

5/21/03